			SS (SNAP) TEAM CARE PLAN onent agency is OACSIM.					
	Dort A. I	Domographic Info	aumatian					
. Name of child			2. Date of birth (YYYYMMDD)					
3. Type of placement			Date of placement (YYYYMMDD)					
5. Sponsor name			6. Spouse name					
7. Home phone	8. Duty phone		9. Cell phone					
10. Emergency point of contact (POC) name			11. Emergency POC phone number					
Part P. Madical Paguiramenta								
Part B - Medical Requirements  Below are medical requirements for reasonably accommodating the above named child in a Child and Youth Services Program.								
Medications     No		st each medication se						
Name	Dosage	Frequency	Special Instructions (e.g., refrigeration)					
Individuals authorized to administer medication	one to child or youth y	while attending CVS	programs (for example, purse family shild care provider					
Individuals authorized to administer medications to child or youth while attending CYS programs (for example, nurse, family child care provider, child and youth program assistant, self). NOTE: Self administration of medication will be determined by age and maturity of child or youth.  Names:								
2. Physical accommodations								
Facility accessibility (e.g., ramps; widen doors)								
Assistive devices and/or technology	Assistive devices and/or technology (e.g., Braille computer; canes)							
Transportation (where applicab	Transportation (where applicable/feasible)							
Other (explain)								
Dietary restrictions	3. Dietary restrictions							
Food allergies (e.g., peanut but	Food allergies (e.g., peanut butter)							
Special diet	Special diet							
Other (explain)	Other (explain)							

4. Routine or "as needed" medical procedures					
	Glucose monitoring				
	Use of hand held or powered nebulizers				
	Catherization				
	Gastrostomy tube feeding				
	Other (explain)				
	Part C - Program Accommodations				
	lans or accommodations reflected in child's Individualized Family Service Plan (IFSP), Individualized Education Program (IEP) or impact on child care setting.				
2 Managem	ent techniques used in home setting				
Z. Managem	territoriniques used in nome setting				
	Behavior modification				
	Time out				
	Other (explain)				
3. Child can	be accommodated within CYS established staff/child ratios				
	No Yes				
4. Assistance	e with activities for daily participation in CYS settings				
	Dressing				
	Eating				
	Toileting/diapering				
	Small motor				
	Large motor				
	Supervision (adult/child ratio)				
	Play/work in large groups				
	Play/work in small groups				
	Field trips (walking)				
	Field trips (transported)				
	Special events (usually large groups)				
	Other (explain)				

DA FORM 7625-3, NOV 2006

Page 2 of 3
APD LC v1.01ES

5. Assistance with activities for occasional participation in CYS settings									
		Dressing							
		Eating							
		Toileting/diapering							
		Small motor							
		Large motor							
		Supervision (adult/child ratio)							
		Play/work in large groups							
		Play/work in small groups							
		Field trips (walking)							
		Field trips (transported)							
		Special events (usually large groups)							
		Other (explain)							
		Part D - Child and Y	outh Services Staff Training						
1.	Type of tra	aining required							
2.	Trainer		3. Projected training date (YYYYMMDD)	4. Frequency					
5	Location								
<b>.</b>	Location								
		Signature of Chair, SNAP Team		Date (YYYYMMDD)					
		Signature of Child and Youth Services Coordinator  Date (YYYYMMDD)							
		Signature of Child and Todin Services Coor	umator	Date (1111 INIMIDD)					
		Signature of Army Public Health Nurse	·	Date (YYYYMMDD)					
	-	Signature of Parent		Date (YYYYMMDD)					